

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016176

STATE FILE NUMBER

FILED APR 20 1959

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

1000

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Richmond Heights, Mo

Inside Limits  
Yes ☒ No ☐

c. CITY  
OR  
TOWN

4495  
Richmond Heights 0

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Mary's Hosp.

Length of stay in lb  
DAYS

d. STREET  
ADDRESS

(If outside, give location)  
1709 Berkley

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Robert

Miller

4. DATE

Month

Day

Year

OF  
DEATH

April 8, 1959

5. SEX

Male

2

6. COLOR OR RACE

Negro

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐

DIVORCED ☐

8. DATE OF BIRTH

July 5, 1915

9. AGE (In years last birthday)

43

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Scullin Steel

10b. KIND OF BUSINESS OR  
INDUSTRY  
None

11. BIRTHPLACE (City and state or country)  
Missouri

12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13a. FATHER'S NAME

Robert Miller

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Iness Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
489-18-3820

17. INFORMANT

Iness Miller

Address

1709 Berkley

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Pyelonephritis

INTERVAL BETWEEN  
ONSET AND DEATH

2 wks

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

6000

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at April 8, 1959 8:00 am

and last saw her alive on April 8, 1959  
on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of title)

22b. ADDRESS

S. E. RUSAN, M. D.

22c. DATE SIGNED

4-10-59

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

4/13/59

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. ECKKIRKHAM, or county)

WEBSTER GROVES 19, MO.

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand

25. DATE RECD. BY LOCAL REG.

4-13-59

26. REGISTRAR'S SIGNATURE

John C. Murphy, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms that are listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Melvin Blackman* .....

Licensed Embalmer No. *3963* .....

P. O. Address *1221 N. 2nd* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.